

**COMMISSION FOR MENTAL HEALTH,
DEVELOPMENTAL DISABILITIES AND
SUBSTANCE ABUSE SERVICES**

Commission Minutes

**Clarion Hotel
320 Hillsborough Street
Raleigh, NC 27603**

Thursday, May 24, 2012

Attending:

Dr. J. Greg Olley, Dr. Diana J. Antonacci, James R. Bowman, Jennifer Brobst, Dr. Richard Brunstetter, Dr. John S. Carbone, Anna R. Cunningham, Carla D. Cunningham, Debra Dihoff, Frank Edwards, Dr. James W. Finch, R. Michael Grannis, Dr. John J. Haggerty, Jr., Dr. Ranota T. Hall, Matthew Harbin, Dr. Tyehimba A. Hunt-Harrison, F. Michael Maybee, Nancy E. Moore, Phillip A. Mooring, Beverly M. Morrow, Kevin P. Oliver, John Owen, Pamela Poteat, Elizabeth Ramos, Dr. Marian S. Spencer, Don Trobaugh, David R. Turpin, Carol C. Vale

Excused Absences:

A. Joseph Kaiser

Division Staff:

W. Denise Baker, Amanda J. Reeder, Andrea Borden

Others:

Frank Kirschbaum, Julie Stokes, Mary Ann Bennett, J. Luckey Welsh, Richard Slipsky, Tara Fields, Deanna Janus, Susan Pollitt

Call to Order:

Dr. Greg Olley, Chairman, NC Commission for Mental Health, Developmental Disabilities and Substance Abuse Services ("Commission") called the meeting to order at 9:44 a.m. He asked for a moment of reflection, and welcomed everyone to the meeting. Dr. Olley reviewed the ethics reminder and reminded the members of the ethics training requirements. Dr. Olley also reminded the Commission members that they are required by Executive Order 34 to attend 75 percent of the regularly scheduled Commission meetings each year. Dr. Olley asked that Commission members and any guest speaking before the Commission refrain from using acronyms in their discussions.

Approval of Minutes

The minutes were approved with an amendment to page 8 to change Rose's Law to Rosa's Law.

Upon motion, second, and unanimous vote, the Commission approved the minutes as amended.

Chairman's Report

Dr. Olley first congratulated F. Michael Maybee, Commission member, as recipient of the Champion of Equality and Justice Award for 2011. Dr. Olley stated that one of the main items on the agenda for the meeting was the request for a waiver of a licensure rule filed by SpringBrook Behavioral Health Center ("SpringBrook"); it was unclear whether the Commission would be able to hear the presentation due to lack of response from the NC Division of Medical Assistance (DMA) regarding whether the Commission's assistance in this matter is necessary. Dr. Olley clarified that SpringBrook is requesting a

waiver of a Commission licensure rule; however, because the facility is located in and licensed by South Carolina, it is only bound to adhere to the North Carolina rule through its contract with DMA. Therefore, DMA must determine whether it is willing to waive the contractual provision before the Commission may consider the matter. Dr. Olley stated that he hoped to get legal advice from the Department of Justice regarding how the Commission should proceed. Dr. Olley further stated that if the Commission did hear from SpringBrook today, it still could not take any action on the waiver request without DMA consent.

Dr. Olley referenced the legislative tracking report provided to the Commission by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (“DMH/DD/SAS”). Michael Maybee, Commission member, referenced pending legislation that had not been included on the report. W. Denise Baker, Team Leader, Division Affairs Team, DMH/DD/SAS, advised that the report was not intended as an exhaustive look at all legislation pending but was designed to reference some of the legislation of interest to staff of DMH/DD/SAS.

Dr. Olley announced that Steve Jordan, Director, DMH/DD/SAS, and Luckey Welsh, Director, Division of State Operated Healthcare Facilities (“DSOHF”) had to report to a meeting at the General Assembly and were expected to arrive later in the day. Dr. Olley noted that Steve Jordan planned to address Senate Bill 851, “Boards and Commission Efficiency Act of 2012” in his report to the Commission. Dr. Olley noted that this bill has significant implications for the Commission and questioned the role of members of the Commission in addressing this legislation. Specifically, he commented on the need to clarify the role of Commission members as lobbyists given their service on the Commission. Ms. Baker advised that members should be mindful of the role as members of the general public versus that as members of the Commission. She also reminded Commission members that if the Commission has not taken action of a given issue, the opinion expressed is more likely an individual one rather than that of the Commission itself. Ms. Baker stated that the Department of Justice has provided guidance to the Commission on this issue in the past and indicated that Mr. Richard Slipsky, Special Deputy Attorney General, North Carolina Department of Justice, would be addressing that issue further today.

Ms. Dihoff questioned the potential re-appointment of current members of the Commission. Ms. Baker advised that several members of the Commission have terms set to expire June 30, 2012. Ms. Baker further advised that all Commission members whose packets seeking re-appointment have been received have been submitted to the appropriate appointing bodies and noted that several Commission members have already been reappointed. Ms. Baker noted that appointments by the General Assembly are typically handled via the Appointments Bill at the conclusion of the session; those reappointments are likely pending completion of that legislation. Ms. Baker reminded those whose packets have not yet been submitted to follow through as soon as possible.

Rules Committee Report

Jennifer Brobst, Rules Committee Chair, gave the report of the Rules Committee meeting held on April 26, 2012. Ms. Brobst stated that the Rules Committee was very productive at its last meeting and discussed the proposed fiscal note for Rules 10A NCAC Subchapter 26D, the “Prison Rules.” Ms. Brobst stated the Committee recommended some revisions to the fiscal note; those revisions would be presented today.

Ms. Brobst stated that the Rules Committee has decided to pay more attention to the language of existing rules and the statutes that authorize them. Ms. Brobst stated that the Rules Committee would have a six month hiatus before they meet again to vote on rules as the July 2012 meeting will serve as a rulemaking training session with the Office of Administrative Hearings. Ms. Brobst informed the Commission that the Rules Committee voted to form four *ad hoc* subcommittees to do work in the interim. Of those subcommittees, three would be discipline specific (i.e., mental health, developmental disabilities, or substance abuse) and the fourth is a “catch all” subcommittee. Ms. Brobst stated that the Commission has

authority within some existing rules in which it could act to better serve the Latino population, such as redefining training requirements for staff to ensure cultural competency, as well as looking at defining “evidence based practice.”

Dr. Olley asked for clarification regarding the Waiver of Licensure Rule currently posted on the Commission’s website and the type of waiver requests it covers. Ms. Baker informed the Commission that changes to N.C.G.S. § 150B require that rulemaking bodies post, on their websites, notices of submissions to the Office of Administrative Hearings (“OAH”) for publication of pending rule action. Consistent with that guidance, a notice of the proposed amendment to Rule 10A NCAC 27G .0813, *Waiver of Licensure Rules*, has been posted on the Commission’s website. That notice includes a notice of the text of the rule as proposed for amendment, the fiscal note prepared for publication of the rule, and notice regarding how comments regarding the proposed rule change may be submitted. Ms. Baker informed the Commission that this rule governs requests for waivers of licensure rule requirements. For instance, a facility may request a waiver of a rule governing a staffing requirement imposed by a licensure rule. Rule 10A NCAC 27G .0813 was amended to allow waivers of such things as hot water requirements and physical plant issues to be granted for a period of 10 years. The current rule limits approval of all waiver requests to the facility’s current licensure year which requires a new waiver request be submitted annually. So for instance, a waiver relating to a staffing requirement would be limited to the current licensure year of the facility, while under the proposed amendment, a waiver relating to a physical plant issue may be approved for a 10 year period.

Advisory Committee Report

Frank Edwards, Advisory Committee Chair, gave the report for the Advisory Committee meeting held on April 26, 2012. Mr. Edwards stated that as the Advisory Committee had not met for a long time, he believed that the first thing the Committee needed to do was to determine the Committee’s purpose and direction. Mr. Edwards stated that he asked the Committee members to turn in a biographical sketch of their background and found that there are many highly skilled people on the Committee. Mr. Edwards also stated that he has asked for feedback from the Committee members regarding the following: (1) who the Committee should advise; (2) what topics they wish to give advice on; and (3) how to give that advice. Mr. Edwards stated he asked the Committee members to join sub-committees to work on those three issues, and the members would work on them via teleconferences before the next Advisory Committee meeting. Dr. Olley asked if Mr. Edwards had a sense of whether the subcommittee work would be accomplished and produce a tangible work product. Mr. Edwards stated that he was confident that this would occur.

W. Denise Baker, Team Leader, Division Affairs, DMH/DD/SAS, reminded the Commission members that the Division Affairs Team has been assigned to the Commission as staff for all meetings, including those of sub-committees.

SpringBrook Waiver Discussion

Richard Slipsky, Special Deputy Attorney General, NC Department of Justice, addressed the Commission advising that he was there to provide legal counsel to the Commission on how to proceed in this matter. He then provided a brief overview of the waiver request submitted by SpringBrook, which is operating as a Psychiatric Residential Treatment Facility (“PRTF”) in South Carolina. Mr. Slipsky indicated that requests for waivers of licensure rules are typically processed via the procedures set forth in Rule 10A NCAC 27G .0813, *Waiver of Licensure Rules*. However, as an out-of-state facility, SpringBrook is not bound by the licensure rules of North Carolina absent its agreement to adhere to the same via its contract with DMA. Specifically, SpringBrook accepts consumers from NC whose placements are paid for through NC Medicaid funds and has agreed, via contract with DMA, to adhere to NC licensure rules. Therefore, in submitting its request for a waiver of North Carolina’s licensure rule, SpringBrook is, in effect, seeking to waive the portion of its contract with DMA that expressly requires its adherence to the

same. SpringBrook seeks a waiver of the requirements of the portion of Rule 10A NCAC 27G .1902, *Staff*, which requires two direct care staff members to be present with every six children or adolescents on each unit.

Mr. Slipsky stated that when SpringBrook made its request for a waiver, it sent the request to the Director of DMH/DD/SAS. He informed the Division that the request would have to be sent to DMA as, given the above, DMA would have the sole authority to grant or deny the request. Mr. Slipsky added that he opined that if DMA chose to consider amending its contract with SpringBrook, DMA could then delegate the decision-making responsibilities for this matter to the Commission. The Commission could then hear from all interested parties and determine whether a waiver of licensure Rule 10A NCAC 27G .1901 was proper in this instance. Mr. Slipsky stated that as of the date of the meeting, DMA had not indicated whether it wished to delegate the decision making to the Commission. Therefore, Mr. Slipsky advised the Commission that it has no authority to act on the request or take legal evidence on this matter at the meeting. Mr. Slipsky advised that the Commission not proceed in this matter at this time.

The Commission then questioned whether it could hear the SpringBrook waiver request during its Public Comment period. Mr. Slipsky advised the Commission not to proceed in this matter at this time and reminded the Commission that it is without authority to act in this matter absent permission from DMA. Thus far, that permission has not been forthcoming.

Dr. Olley then questioned whether the Commission could hear the matter then vote on it electronically at a later date if DMA later granted permission for the Commission to proceed in this matter. Mr. Slipsky indicated that he would have to further research the issue of electronic voting on this matter and again advised the Commission against proceeding at this time.

The Commission discussed whether DMA had received proper and timely notice of the SpringBrook waiver request and its placement on the Commission's May 24, 2012, agenda. Ms. Baker reminded the Commission that it was copied on the April 9, 2012, letter to DMA regarding the Division's receipt and transfer of this request to DMA. Ms. Baker also informed the Commission that leadership of the Division had been in communication with DMA regarding the need for resolution in this matter.

The Commission discussed the placement of NC children in out-of-state facilities, the availability of beds in NC to treat NC children, and the propriety of writing a letter to DMA expressing its concerns regarding these issues as well as requesting notice from DMA of its decision in the SpringBrook waiver request such that it can be resolved in a timely manner.

The Commission decided to hear from the staff of SpringBrook and its attorney during its Public Comment period. However, the Commission chose to allow this discussion to proceed during, rather than at the end of, its meeting to avoid further inconveniencing the SpringBrook staff. Matthew Harbin, Commission member, asked that the minutes reflect that the Public Comment period was being extended to allow the waiver discussion to proceed. He noted that the Public Comment period would then continue at the end of the meeting as originally scheduled.

Public Comment: SpringBrook Behavioral Health Services

The Commission voted to extend the Public Comment period in order to hear from Mary Ann Bennett, SpringBrook's Director of Risk Management, Julie Stokes, SpringBrook's Clinical Director, and Frank Kirschbaum, SpringBrook's attorney.

Mr. Kirschbaum described the site visit to SpringBrook by the Division's Accountability Team and SpringBrook's compliance with the Plan of Correction approved by the Accountability Team. He noted that the facility is also in full compliance with SC laws governing staffing ratios in PRTFs. Mr.

Kirschbaum cited the Final Agency Decision issued by the Commission in the Grandfather Home for Children case as “precedent” for the Commission having granted waiver of licensure rules in the past. However, Dr. Olley noted that the Grandfather Home for Children request is not the same “on all four corners” as the request by SpringBrook.

Ms. Julie Stokes and Ms. Mary Ann Bennett then presented information regarding the location, operation, licensure, certification, therapeutic interventions, reimbursement rates, and staffing ratios of the SpringBrook facility. Checks on the children are completed at 15 minute intervals, and cameras with motion sensors monitor activity. Ms. Bennett provided a diagram of the facility.

Members of the Commission expressed concerns regarding the staffing ratios during early morning hours (e.g., 3:00-5:00am), how “serious incidents” are defined and handled, and the role cameras would play in the oversight of the children receiving care.

Discussion Regarding Lobbying by Commission Members

Dr. Olley asked Mr. Slipsky to give the members guidance on their ability to lobby the legislature. Mr. Slipsky stated that all paid lobbyists are required to be registered as such with the NC Secretary of State. He added that each agency has one legislative liaison; the Department of Health and Human Services has an individual who acts in that capacity. Mr. Slipsky stated that if the Commission wished to lobby the General Assembly as a body, it would need to contact the Department’s liaison in order to move forward.

Mr. Slipsky reminded the members they are allowed to speak to legislators in their personal capacity. However, in their personal capacity, they cannot act as if they are acting on behalf of the Commission.

Director Update

Dr. Olley announced that Steve Jordan, Director of the DMH/DD/SAS, would not be joining the Commission today, as he was still at the General Assembly. J. Luckey Welsh, Director, DSOHF, stated that he had been with Steve Jordan, at the General Assembly and apologized for joining the meeting later than anticipated.

Mr. Welsh stated that DSOHF currently serves 3,000 individuals each night at its facilities. Mr. Welsh stated that DSOHF is planning to update its financial system by contracting with an outside agency to handle those operations. Mr. Welsh added that, in order to prepare for the implementation of the Medicaid 1915 b/c waiver, DSOHF had begun amending its contracts with the Local Management Entities (“LMEs”) in order to effectively contract with the Managed Care Organizations (“MCOs”).

Mr. Welsh further stated that DSOHF received a grant from the Duke Endowment to implement the “Just Culture” program, which will help to ensure consistent and fair treatment of employees throughout the system. The program will assist the 11,000 employees of DSOHF in identifying, and addressing, issues in the system that result in mistakes. It will force staff members to look at the entire system of care as well as at-risk, or reckless, behavior. Mr. Welsh added that the agency cannot put good people in a bad system and expect an error-free environment. Ultimately, the program will support employees to the benefit of consumers.

Mr. Welsh stated that DSOHF joined the Patient Safety Committee of the NC Hospital Association. In addition, the agency has partnered with Area Health Education Centers (“AHEC”). Mr. Welsh stated that Acting Secretary Delia is very interested in the NC Performance Management System, which is using community colleges to improve the training of management. This year, the system will train 800 managers to better evaluate DSOHF employees. Mr. Welsh stated that there have been no reported incidents of physical abuse at any state hospitals in four months. He clarified that “physical abuse” is defined to create a high standard; thus, a push is considered physical abuse.

- John Owen, Commission member, congratulated Mr. Welsh on reducing the amount of seclusions and restraints used at the facilities.

Mr. Welsh stated that the General Assembly required DSOHF to put forth a Request for Proposal to privatize forensic services. DSOHF received one response from a company in Florida. Mr. Welsh stated that the offer was rejected, but DSOHF is working with that company to see if the offer can be improved. Mr. Welsh reminded the Commission that the General Assembly allowed DSOHF to contract with an outside agency to provide forensic services only if it will result in a substantial savings to the state, and there is no compromise in client care.

- Mr. Maybee asked Mr. Welsh why DSOHF received only one response. Mr. Welsh stated that he was unsure but believed it might have been that, given the state's excellent forensic care systems, some companies may have felt they could not create substantial savings for the state.

Mr. Welsh stated the construction of the new Cherry Hospital is proceeding on time; it is slated to open in 2013. In addition, construction of the new Broughton Hospital has begun; the hospital is expected to open in 2014.

Dr. Olley asked Mr. Welsh to give an update of recent actions by the General Assembly. Mr. Welsh stated that things are subject to change while the General Assembly is in session, but in the current money report, Cherry Hospital would be fully staffed, which would add 124 beds to its capacity. In addition, there would be \$18 million for community hospital beds, which would create 91 beds. In addition, there would be 19 beds added to Broughton Hospital. Mr. Welsh stated that with the addition of facility and community beds, the wait time for Cherry could be virtually eliminated, and the wait times for Central Regional Hospital would substantially decrease, as well.

- Mr. Owen requested that the Commission receive notice, and perhaps invitations, when the new facilities open.
- Kevin Oliver, Commission member, asked whether the new beds would be designated for adults or minors. Mr. Welsh stated they would mostly be for adults, but there would be some child beds at Cherry.
- Debra Dihoff, Commission member, stated that she was confused by Mr. Welsh's presentation as it related to bed capacity. At the Commission's August meeting, Michael Hennike, Central Regional Hospital's Director, stated that with more staffing, the hospital could serve more clients. Mr. Welsh stated that the capacity issue related to the hospital's physical dimensions, not staffing.

Prison Rules Fiscal Note Discussion

Ms. Brobst gave a brief summary of the rules as well as the actions taken by the Rules Committee at its last meeting. Ms. Brobst referred the Commission members to the last two pages of the fiscal note, which contained a brief fiscal impact summary. She stated that the Rules Committee, in its review of the fiscal note, focused upon the rules expected to create a substantial economic impact, which is defined as creating \$500,000 or more in savings or expenditures on an annual basis. Ms. Brobst stated that there are three rules that are expected to create a substantial economic impact; those rules would be the focus of the Commission discussion.

Joe Prater, the Assistant Section Chief, Division of Prisons, Adult Correction, Department of Public Safety, ("DPS") introduced himself to the Commission. He stated that there were 48 rules that were

proposed for amendment or adoption; of those, DPS expected six to have a fiscal impact. Mr. Prater stated that some of the costs associated with the rule changes would be nominal, but he acknowledged that three rules would create substantial economic impact. Mr. Prater stated that the proposed amendments would create the need for 97 new positions; 64% of the total expected cost is related to personnel issues.

Rule 10A NCAC 26D .0501, *Quality Improvement* – Mr. Prater stated that this rule would require hiring two professional nurses and the development of a stand alone database system to be used for documenting the tracking of events. Mr. Prater stated that DPS IT employees estimated the database system would cost nearly \$48,000. Mr. Prater stated that the two professional nurse positions would be needed to maintain the database by making sure the information was provided in a timely manner, adequately analyzed, and used as it is intended. There would be another position needed to help the staff with current operations in mental health quality assurance. Mr. Prater stated that the salaries are based specifically on whether they are contributing, journey, or advanced level professional nurses as established by the Office of State Personnel. Mr. Prater continued by stating that these salaries were established by using current benefit rates that are in place and approved by state budget.

Rule 10A NCAC 26D .0704, *Confidentiality of Client Health Record* – Mr. Prater stated that the effect of this rule had a minor dollar amount. Mr. Prater stated that this would be an encryption system that DPS would install to maintain the confidentiality of any correspondence by email among facilities that are affected by the rule.

Rule 10A NCAC 26D .0803, *Screening* – Mr. Prater stated that the dollar amount for this rule includes salaries and associated costs to establish 25 Registered Nurse positions for purposes of conducting the evaluations as required by rule.

Ms. Brobst reviewed the Rules Committee recommendations on alternatives for Rule 10A NCAC 26D .0803.

1. Altering the language on line 233 to read “*the screening is performed by a nurse or other licensed clinician on all inmates.*”
2. Altering the language on line 233 to read “*the screening is performed by a nurse.*”
3. Make no changes and keep the rule as it is written.

Upon motion, second, and unanimous vote, the Commission approved the Rules Committee’s recommendation for the first alternative to alter the proposed amendment language on line 233 to read “the screening is performed by a nurse or other licensed clinician on all inmates”.

Rule 10A NCAC 26D .0904, *Treatment or Habilitation Plan* –Mr. Prater stated that the major cost involved with this Rule was due to the need for additional staff members to schedule meetings and ensure the logistics of individuals entering and exiting the prison facilities. Mr. Prater stated that one-half of this rule’s total cost is to establish staffing that can coordinate these processes to ensure they occur. Mr. Prater stated that DPS looked at the use of LMEs and at provider costs and chose to establish a contracted amount that they estimated would reflect costs incurred. Mr. Prater stated that these two elements combined would mean that the rule change would cost \$4.3 million dollars.

Ms. Brobst reviewed the Rules Committee recommendations on alternatives for Rule 10A NCAC 26D .0904.

1. Add a subsection “f” that reads “*participation in the treatment planning team for those not already onsite does not require onsite availability but does require a mode of communication that permits active participation*”.

2. Amend subsection “d” so that it reads “*The plan shall be reviewed at least annually and more frequently when clinically or medically indicated, or at the time of discharge.*”
3. Add additional language set forth in alternative one, as well as language to subsection “d” that reads “*The plan shall be reviewed at least annually and more frequently when clinically or medically indicated, including a treatment planning session within days before discharge.*”

Upon motion, second, and unanimous vote, the Commission approved the Rules Committee recommendation for the third alternative with additional amendment to the proposed language in (d) that will read as “The plan shall be reviewed at least annually and more frequently when clinically or medically indicated, including a treatment planning session within a minimum of 30 days prior to discharge.”

Rule 10A NCAC 26D .1202, Use of Seclusion – Mr. Prater stated that this Rule involves 30 positions at a total of three facilities to provide coverage for seclusion as required by the proposed amendment. Mr. Prater stated that it was important for the Commission to note Rule 10A NCAC 26D .1203 – Use of Restraints, was contingent upon the staffing in Rule 10A NCAC 26D .1202. Mr. Prater stated that the small dollar amount for the restraint rule would be for additional cameras required by the rule for monitoring purposes.

Ms. Brobst reviewed the Rules Committee recommendations on alternatives to Rule 10A NCAC 26D .1202.

1. In Section 2 strike through the word “*Registered,*” so that either a LPN or a registered nurse can conduct the assessments.
2. Make no changes to the existing rule as promulgated in 1994.

Upon motion, second, and unanimous vote, the Commission upheld the Rules Committee recommendation to reject the alternatives and keep the rule as currently proposed for amendment.

Ms. Brobst asked Amanda J. Reeder, Rulemaking Coordinator, DMH/DD/SAS, to give the Commission a brief description of the next steps for the prison rules. Ms. Reeder stated that DPS would need to revisit the fiscal note and make revisions to it in light of the amendments made by the Commission at the meeting. The updated note would then be presented to the Office of State Budget Management for review and approval, consistent with the Administrative Procedure Act and Executive Order 70. Following approval of the note and rules, the rules can be published in the North Carolina Register for a 60 day public comment period. Following publication, the Commission will be presented with the public comments made on both the rules and the fiscal note for review and revision, if desired. Following final Commission approval, the rules will be submitted to the Rules Review Commission for approval and codification.

Further Discussion of the SpringBrook Waiver

Dr. Olley stated that the Commission could send a letter to DMA to encourage the agency to move forward with the request by SpringBrook for the waiver. Several members expressed concern that DMA had not yet responded to the waiver request or the DMH/DD/SAS staff who inquired about the status on behalf of the Commission.

- Matthew Harbin, Commission member, stated that the Commission cannot make a contractual decision on behalf of DMA, as the Commission is not privy to the contract provisions or Medicaid rates. However, the Commission could use its expertise to determine if the waiver was clinically appropriate.

- Dr. Richard Brunstetter, Commission member, stated that DMA has responsibility for the entire state Medicaid plan as well as implementing and monitoring multiple programs throughout the state. Dr. Brunstetter stated he did not believe that an agency with DMA's expertise needed a letter from the Commission but could be contacted informally through a telephone call to touch base and determine what assistance, if any, the Commission could render regarding the request.

Dr. Olley stated that the letter would be a friendly letter to clarify the issue and offer to assist DMA.

Further Public Comment

There were no public comments at this time.

There being no further business, the meeting adjourned at 2:34 p.m.